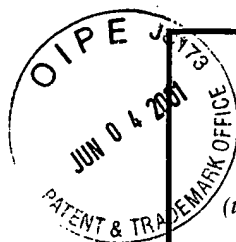


Please type a plus sign (+) inside this box → +

PTO/SB/021 (08-00)

Approved for use through 10/31/2002. OMB 0651-0032  
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## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)		Application Number	09/769,036
		Filing Date	January 24, 2001
		First Named Inventor	Bea Calo
		Group Art Unit	2164
		Examiner Name	
Total Number of Pages in This Submission	24	Attorney Docket Number	1991-00301

### ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input checked="" type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment (for an application) <input checked="" type="checkbox"/> Drawing(s) Substitute (18 sheets Figs. 1-11B) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Notice to File Missing Parts of Nonprovisional; and Application; Declarations (2)		
<table border="1"><tr><td>Remarks</td><td></td></tr></table>			Remarks	
Remarks				

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT


Firm or Individual Name	ROBERT M. GRAY
Signature	
Date	June 1, 2001

### CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231 on this date: June 1, 2001			
Typed or Printed Name	M. A. CRABTREE		
Signature		Date	June 1, 2001

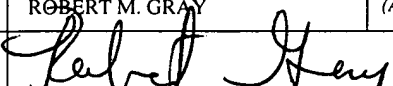
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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number

 <p><b>FEE TRANSMITTAL for FY 2001</b></p> <p><i>Patent fees are subject to annual revision.</i></p>	<b>Complete if Known</b>	
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<b>TOTAL AMOUNT OF PAYMENT</b>		<b>\$ 130.00</b>

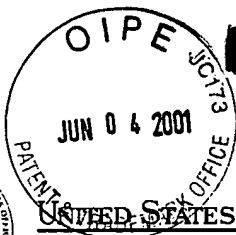
<p style="text-align: center;"><b>METHOD OF PAYMENT</b></p> <p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayment to:          Deposit Account Number: 03-2769          Deposit Account Name: Conley, Rose &amp; Tayon, P.C.  <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17  <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p> <p>2. <input type="checkbox"/> Payment Enclosed:  <input type="checkbox"/> Check    <input type="checkbox"/> Credit Card    <input type="checkbox"/> Money Order    <input type="checkbox"/> Other Order</p>	<p style="text-align: center;"><b>FEE CALCULATION (continued)</b></p> <p><b>3. 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<b>SUBMITTED BY</b>		<b>Complete (if applicable)</b>	
Name (Print/Type)	ROBERT M. GRAY	Registration No. (Attorney/Agent)	41,798
Signature		Telephone	(713) 238-8000
		Date	June 1, 2001

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APPLICATION NUMBER	FILING/RECEIPT DATE	FIRST NAMED APPLICANT	ATTORNEY DOCKET NUMBER
09/769,036	01/24/2001	Bea Calo	1991-00301

CONFIRMATION NO. 5934

FORMALITIES LETTER



\*OC000000005939418\*

ROBERT GRAY  
CONLEY, ROSE & TAYON, P.C.  
P.O. Box 3267  
Houston, TX 77253-3267

RECEIVED

APR 10 2001

Date Mailed: 04/05/2001

## NOTICE TO FILE MISSING PARTS OF NONPROVISIONAL APPLICATION

FILED UNDER 37 CFR 1.53(b)

*Filing Date Granted*

An application number and filing date have been accorded to this application. The item(s) indicated below, however, are missing. Applicant is given **TWO MONTHS** from the date of this Notice within which to file all required items and pay any fees required below to avoid abandonment. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a).

- The oath or declaration is missing.  
*A properly signed oath or declaration in compliance with 37 CFR 1.63, identifying the application by the above Application Number and Filing Date, is required.*
- To avoid abandonment, a late filing fee or oath or declaration surcharge as set forth in 37 CFR 1.16(e) of \$130 for a non-small entity, must be submitted with the missing items identified in this letter.
- **The balance due by applicant is \$ 130.**

The application is informal since it does not comply with the regulations for the reason(s) indicated below.

The required item(s) identified below must be timely submitted to avoid abandonment:

- Substitute drawings in compliance with 37 CFR 1.84 because:
  - drawing sheets do not have the appropriate margin(s) (see 37 CFR 1.84(g)). Each sheet must include a top margin of at least 2.5 cm. (1 inch), a left side margin of at least 2.5 cm. (1 inch), a right side margin of at least 1.5 cm. (5/8 inch), and a bottom margin of at least 1.0 cm. (3/8 inch);

*A copy of this notice **MUST** be returned with the reply.*

06/06/2001 HMOHAMM1 00000061 032769 09769036

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Customer Service Center

Initial Patent Examination Division (703) 308-1202

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